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| PFD Division Use Only PFD ALN: | |
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Applicant Request for Information

In order to obtain information related to the Permanent Fund Dividend program, you must (1) be the person named below, (2) be the sponsor of the person named below, or (3) have a valid power of attorney on file for the person named below. Please allow 4-6 weeks to process the request. Complete payment and garnishment history information is available at www.pfd.alaska.gov through myPFDInfo. Select the type of information you are requesting (See back for more options) Garnishment history (up to 3 years only) Tax information for a specific year Copy of front and back of cashed check Payment history (up to 3 years only) Information requested for: First Name Last Name Social Security Number Dividend Year $X \times X \mid X \times X$ First Name Social Security Number Date of Birth Dividend Year M.I. Last Name $X \times X \mid X \times X$ First Name МΙ Last Name Social Security Number Date of Birth Dividend Year $X \times X \times X$ Social Security Number Last Name Dividend Year First Name Date of Birth XX First Name M.I. Last Name Social Security Number Date of Birth Dividend Year $X \times X \times X$ To be completed by person requesting information: I certify that I filed for the person(s) listed above. If I did not file for the person(s) listed above or if I did not sponsor a child listed above. I must attach a Power of Attorney. Unauthorized requests will not be processed. Your signature Date Telephone Number МΙ Social Security Number (last four digits) Date of Birth Your First Name Last Name Your signature Date Telephone Number Your First Name M.I. Last Name Social Security Number (last four digits) Date of Birth Mailing Address Zip Code Email Address Alaska Department of Revenue Send this completed form to: **Permanent Fund Dividend Division**

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PO Box 110462

Juneau, AK 99811-0462 Phone (907) 465-2326 Fax (907) 465-3470

Alaska Department of Revenue Permanent Fund Dividend Division

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Applicant Request for Information

| Sele | ct the type of information you are requesting. Be sure to complete the front of this form. |
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| | Copy of Application (specify year(s), up to 3 years back only) |
| | Copy of Requests for Information sent by the division (specify year(s), up to 3 years back only) |
| | Copy of PFD forms completed by applicant (specify year(s), up to 3 years back only) |
| | Copy of Denial Letters (specify year(s), up to 3 years back only) |

Send this completed form to:

Alaska Department of Revenue Permanent Fund Dividend Division

PO Box 110462 Juneau, AK 99811-0462

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